PTO/SB/06(12-04)

Under the Peperwork Reduction Act of 1995, no periods on required to respond to a politicition of information united a displayer a valid CMB control limber. Application or Docket Number Substitute for Form PTO-875 . Bitedine December 8, 2004 507 APPLICATION AS FILED - PARTI. (Column 1) OTHER THAN (Coining) SMALL ENTITY ٥R SMALL ENTITY FOR HUMBER FILED HUHBER EKIRA BASIC FEE BATE (\$1 FRE A 127 CFR 1 16(1) 16 # (c)) NA RATE (1) H/A. PÉE (1) NVA 150.00 SEARCHFEE NIA 300.00 (37 OFA 1 16(W. 14, or 1911 NA H/A NA \$250 E XAMINATION FE NIA \$600 (37 CFR 1 1619.10), or 191 . NVA N/A NA \$100 TOTAL CLAIMS NA \$200 137.CFR 1 16(g) MINUS 20 . X\$ 25 independent claims X\$50 ÓR 127 CER I IGINI c tunim X100 Il the specification and drawings exceed 100 X200 APPLICATION SIZE sheels of paper, the application size fee due ts \$250 (\$128 for small entity) for each additional 50 sheets or fraction thereof. See 137 CFR 1 16(4) 35 U.S.C. 41(4)(1)(Q) and 37 CFR 1.16(4) MULTIPLE DEPENDENT CLAIM PRESENT DT CER I 1641 +160= +960= \* If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Calumn 1) (Column 2) (Column 3): OTHER THAN SMALL ENTITY OR CLAIMS HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT RATE (1) AFTER MENDMENT 14106 ADDI-AMENDMENT PREVIOUSLY EXTRA RATE(\$) TIONAL ADOI: PAID FOR TIONAL FEE (1) At cra Clay FEE (\$) Ò Minus 20 X\$ 25 hospendent protections X\$50 OR Minus X100 X200 Application Size Fee (37 CFR 1.16(s)) OFI FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) +180= +360a OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 0 REMAINING. NUMBER PRESENT RATE (\$) AFTER . MENOMENT ADDI-PREVIOUSLY EXTRA RATE (\$) ADOI-TIONAL FEE (1) TIOHAL PAID FOR Total-FEE (1) Mkius X\$ 25 troipendent X\$60 Minus OR X100 X200 Application 6tte F40 (37 OFR 1.16(8)) OA. first presentation of multiple dependent claim. (41 CFR 1.160) +180= +860z OR TOTAL. If the entry in column 1 is best than the entry in column 2, write "of in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

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It is "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

It collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the "Process") an application. Confidentiality is potented by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete be income of this you require to complete this form and/or suppositions for reducing this burden, should be sent to the Chief Information Critical Information Officer, U.S. Patient 1 Trademus Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450; DO NOT SEND FEES OR DOMPLETED FORMS TO THIS ORBES. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450. TOTAL